

Esther Adler.

Died at ^{Town} Springfield ^{County} State Hospital, Sykesville MARYLAND

Date 1902 ^{Month} 7 ^{Day} 31 ^{Y.} ^{M.} ^{D.} ^{Native of} Russia ^{Occupation} Housewife

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living} 4

Husband of Louis Adler 1009 E Lombard St. Balt.

Wife

Father's Name

Mother's Name

Maiden Name

Cause of ^{Primary} Recurrent Mania. 68 ^{How long sick} 6 weeks.

Death ^{Immediate} Paralysis following Dysentery ^{Accident, Suicide, Homicide}

Reported by J M Thornton M.D.

Address Sykesville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1. *Linnaea borealis* L.

2. *Linnaea*



Name in Full

Certificate of Death

2nd ~~X~~ Harry Galen Babylon

Died at Westminster Carroll County MARYLAND

Date 1902 July 24 Age 11 9 Carroll G
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living

Husband of _____
 Wife _____

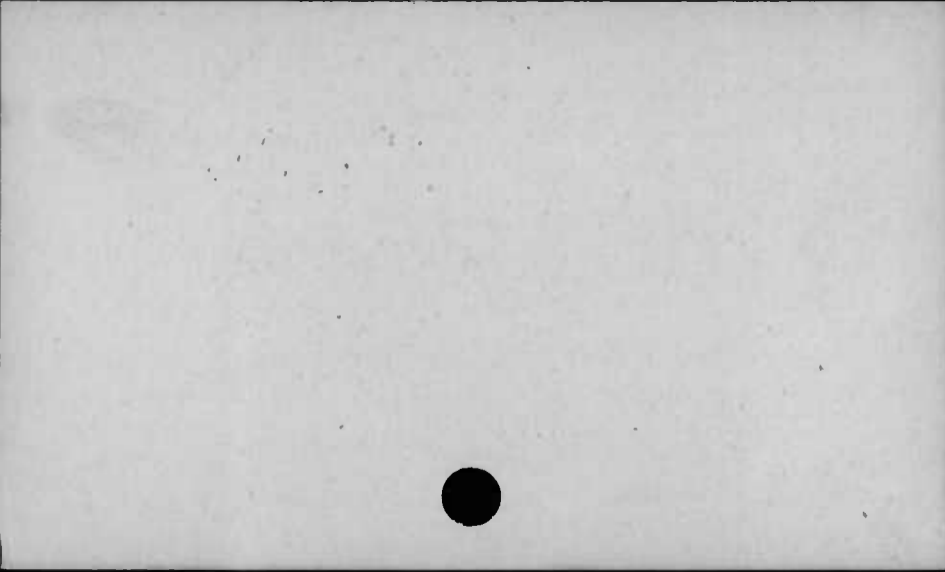
Father's Name Harry Babylon Mother's Maiden Name Flora Bunner

Cause of Death { Primary Peritonitis Colitis How long sick 12 days
 Immediate " " 105 Accident, Suicide, Homicide

Reported by Lewis Woodward, M.D.

Address Westminster Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

6

Laura Luckilia Bennett

Town

County

Died near ~~Louisa~~ ^{Frederick} Carroll

MARYLAND

Date 1902	Month July	Day 29	Age 57	Y. -	M. -	D. -	Native of Md.	Occupation Housewife
Male	Female	White	Married	Single	Widower	Widower	Widower	Number of children living 2.

Wife of Larkin S. Bennett 45

Father's Name Nathan S. Conway Mother's Name Eliza Randall

Cause of Death { Primary Cancer of Gall-bladder 6 mos.

Death { Immediate Asthenia 40

How long sick 6 mos.

~~Acute Sepsis, Hemorrhage~~

Reported by M.D. Morris. M.D.

Address Eldersburg, Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 78706

As
Capt. Quinn, 1st Regt.

Name In Full

Certificate of Death

24³ George Bitzel

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

72-2-4

Germany

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

6

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

120

Cause of

Primary

How long sick

6 weeks

Death

Immediate

Bright disease

Accident, Suicide, Homicide

Reported by

Dr. H. L. Gorman

Address

Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Bury at German Church.

Name in Full

Certificate of Death

Alice R. Powers.

Died at

MARYLAND

Shu's Station Carroll

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

7

2

Age

43

USA

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Epileptic Convulsions 30 hours

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. H. Davis, 69

Address

Ganeytown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name
in
Full

CERTIFICATE OF DEATH

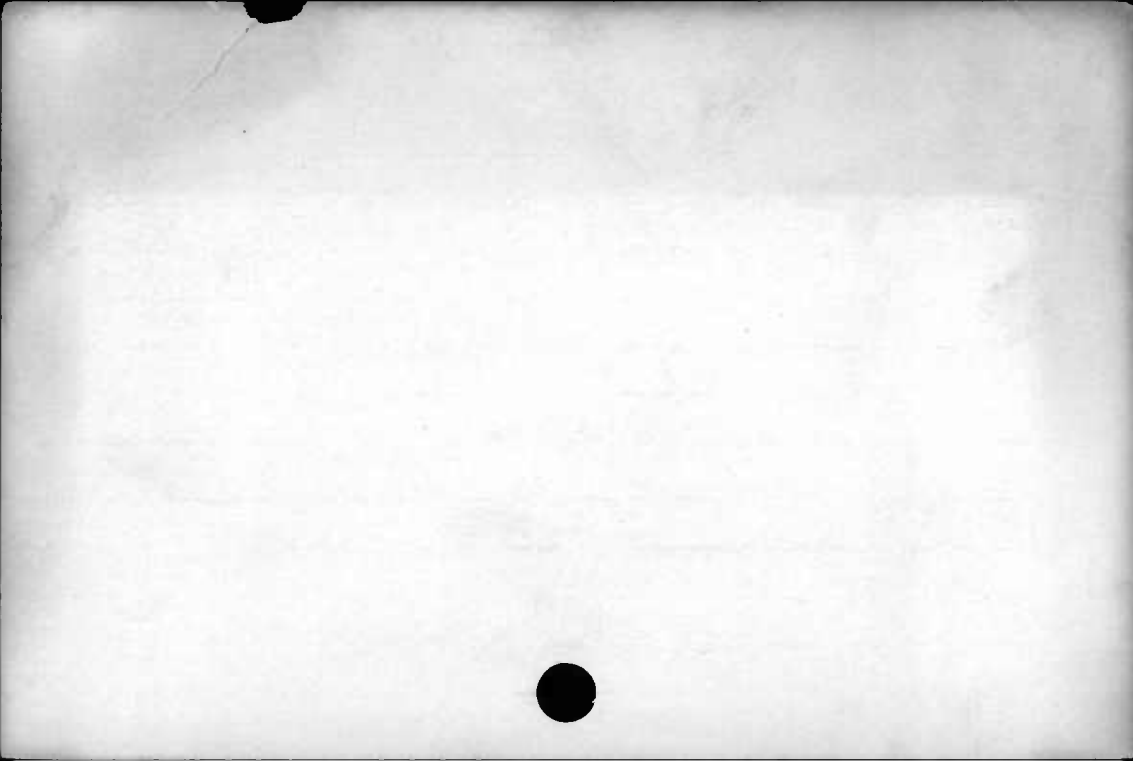
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Samuel D. Breckin</i>		Town <i>Hampstead</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death 190 <i>2</i>		Month <i>July</i>		Day <i>16th</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>62</i>		Years <i>62</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>		Birth-place <i>Hampstead</i>		Months <i>—</i>	
Name of Wife or Husband <i>Elizabeth Jepp</i>		Father's Name <i>—</i>		Father's Birthplace <i>—</i>		Mother's Birthplace <i>—</i>	
Name of person giving information <i>Howard Shaffer</i>		How related to deceased <i>Son-in-law</i>		Mother's Birthplace <i>—</i>		Days <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La. Grippe -</i>		How long <i>10</i>	
Immediate <i>Heart disease</i>		How long <i>5 years</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. C. Reed</i>	
Address <i>Hampstead, Md.</i>		Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Allen E. Crouse

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7

30

Age

5

Ind

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's

Mother's

Name

Maiden Name

Frank Crouse

Amanda Crouse

Cause of

Primary

Accidental Birth

How long sick

5 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

C. C. Fuss F.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Husband
of
WifeFather's
NameCause of
PrimaryDeath
Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dadie S. Cullison

Town

County

Carrollton Carroll

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

July

26

Age

64

MD

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Mother's

Maiden Name

Francis C.

How long sick

2 weeks

Marasmus

106

Accident, Suicide, Homicide

Thomas J. Coonan M.D.



Name in Full

Certificate of Death

No-60

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189-1900 July 26 Age 79 9 18 Md Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 1

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

five days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Name In Full

Certificate of Death

Wilson Fleagle

Died near ^{Town} Keysville ^{County} Carroll MD MARYLAND

Date 1902 7 6 Age 85 4 12 Y. M. D. Native of Md. Occupation Retired

Male White Married ~~Widow~~ ~~Divorced~~ ~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 6

Husband of Mary - Fleagle

Father's Name David Fleagle Mother's Name Margaret Fleagle

Cause of Death Primary Enteritis Exhaustion

How long sick 12 days

Accident, Suicide, Homicide

Reported by G. H. Swiss. 106

Address Paucytown. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ella Nora Torrey

Town

County

Died at

1902

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

7 20

Age

54 6 10

Med

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

5

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

One year

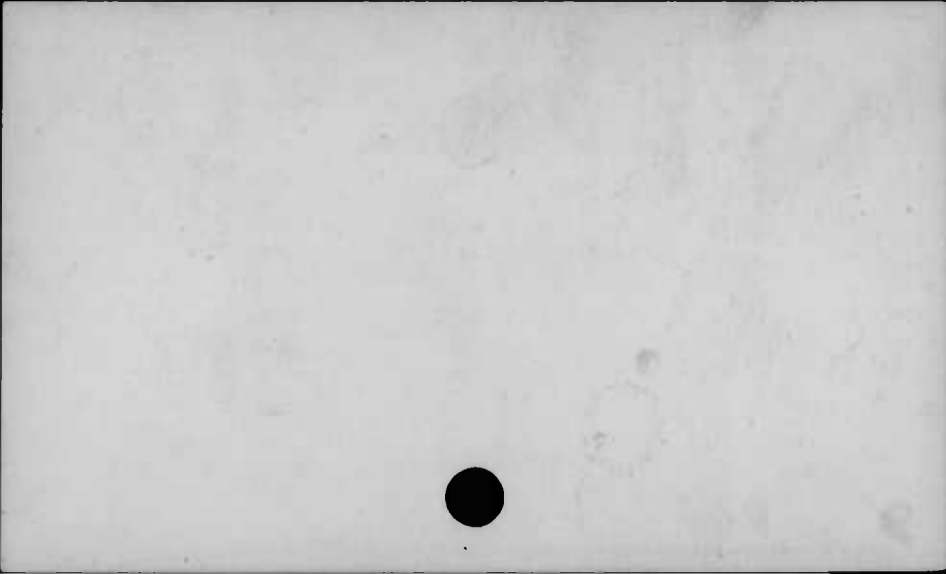
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name
in
Full

CERTIFICATE OF DEATH

George N. Fringer
County *Carroll*

MARYLAND

Died at *Westminster*
Date of death 19*02* Month *July* Day *16* Age *72* Years Months Days

Sex *Male* Color *White* Birthplace *Maryland*

Married, Single or Widowed *Married* Occupation *Retired*

Name of Wife or Husband *Katharine Hoff*

Father's Name *Jacob Fringer* Father's Birthplace *Ind*

Mother's Maiden Name *Sarah Agnew* Mother's Birthplace *Ind*

Name of person giving information *Guy Fringer* How related to deceased *Son*

CAUSES OF DEATH

Primary *Diabetes* How long *one month*

Immediate *Insulin Convulsion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

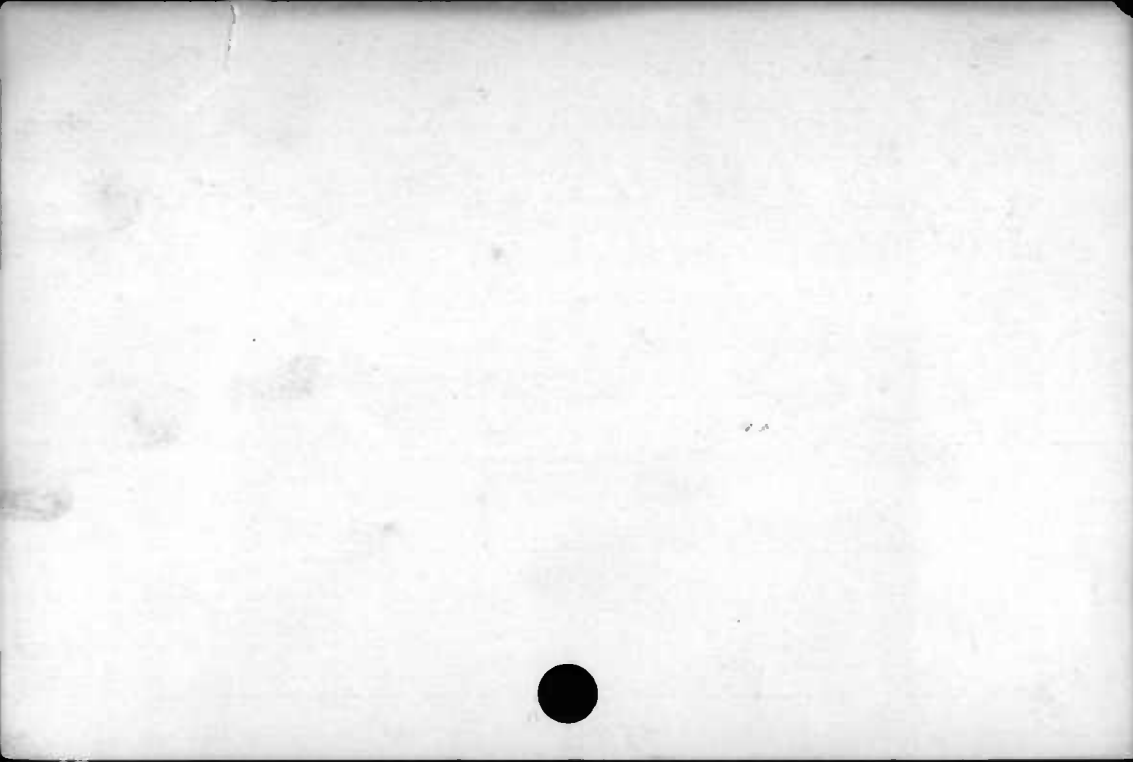
Signature of Physician *Jas. H. Phillips M.D.*

Address *Westminster Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Theodore Roswell Gornell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

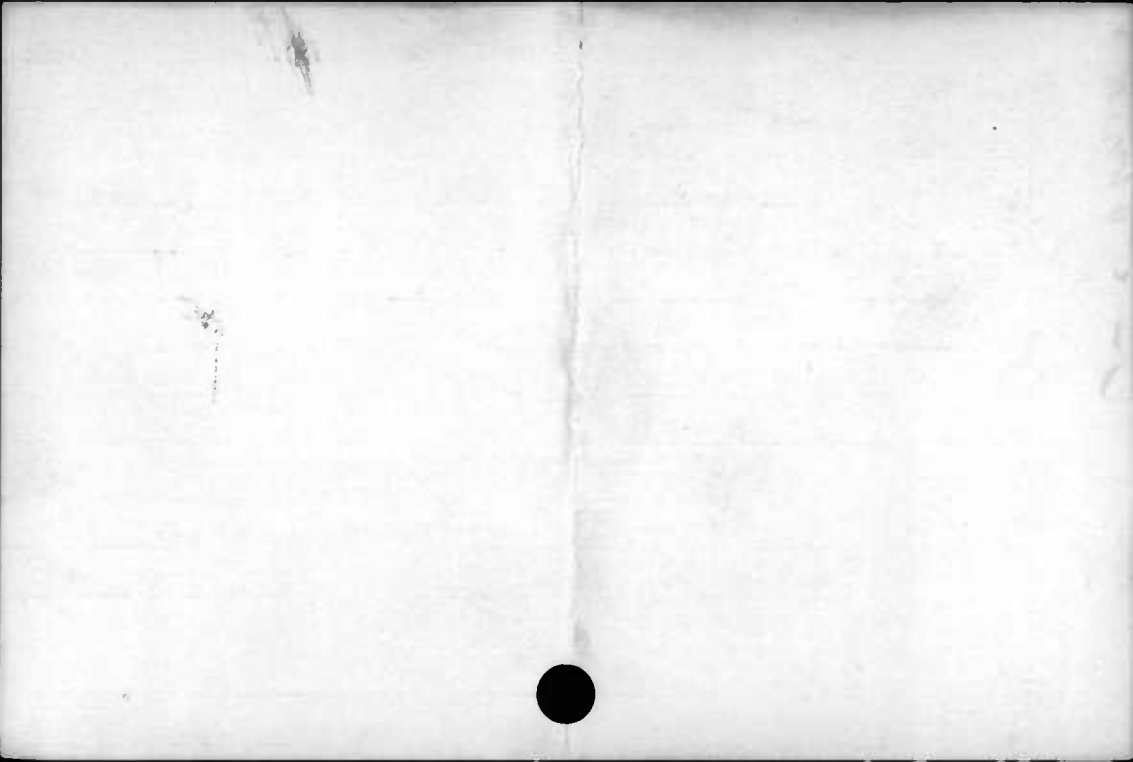
Died at <i>Sylarville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND		
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>10</i>	Age <i>1</i>	Years <i>8</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Carroll Co</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>						
Father's Name <i>Lewis A Gornell</i>			Father's Birthplace <i>Carroll Co</i>			
Mother's Marden Name <i>Virginia Grooms</i>			Mother's Birthplace <i>Howards Co</i>			
Name of person giving information <i>L. A. Gornell</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

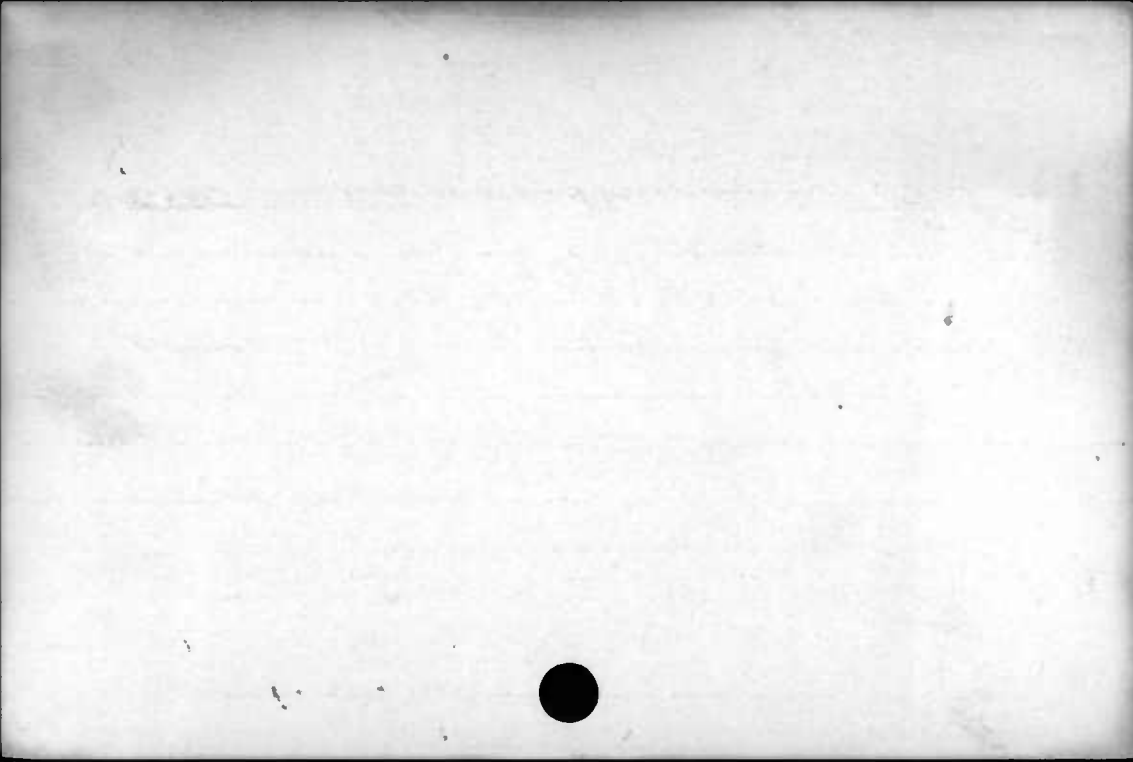
104

PHYSICIAN
OR CORONER

Primary <i>Acute Gastritis</i>	How long <i>2 days</i>
Immediate <i>Colic</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Daniel B. Specker</i>
	Address <i>Sylarville</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Mable Groff		County	
		Died at Westminister		Carroll	
		TOWN		MARYLAND	
		Date of death 1902		Age	
		Month July		Years	
		Day 13		Months	
		Sex Female		Days	
		Color or Race White		Birth-place Westminister Md	
Married, Single or Widowed		Occupation			
Single					
Name of Wife or Husband					
Father's Name		Father's Birthplace			
Samuel Groff		Maryland			
Mother's Maiden Name		Mother's Birthplace			
Annie Wellhite		Se 0			
Name of person giving information		How related to deceased			
Samuel Groff		Father			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		How long	
		Mal - Nutritional		6 Weeks	
		Immediate		How long	
		Pneumonia		6 Weeks	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. O. Wells M.D.			
		Address			
		Westminister			
		Maryland			
Accident or Suicide?					



Noah Addison Gummel
 Town *Snydersburg* County *Carroll* **MARYLAND**

Died at *Snydersburg* *Carroll* **MARYLAND**

Date *1902* ~~189~~ Month *July* Day *21* Y. *6* M. *22* D. *22* Native of *Maryland* Occupation _____

Male *White* Married *Widow* Divorced _____
 Female *Colored* Single *Widower* Number of children living _____

Husband of _____
 Wife _____

Father's Name *Lewis Aulbert - Centennial Gummel* Mother's Name *Alberta Irene Ungling*

Cause of Death { Primary *Cholera Infantum* Immediate _____
 How long sick *2 days*
 Accident, Suicide, Homicide *105*

Reported by *J. H. Sherman M.D.*

Address *Manchester* *Carroll Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Date 1902

~~Male~~

Female

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Native of

Occupation

Y.

M.

D.

Age

White

~~Married~~

Widow

~~Divorced~~~~Colored~~~~Single~~~~Widower~~

Number of children living

MARYLAND

4

Mother's

Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide



Name
in
Full

Wellington Hammond

CERTIFICATE OF DEATH

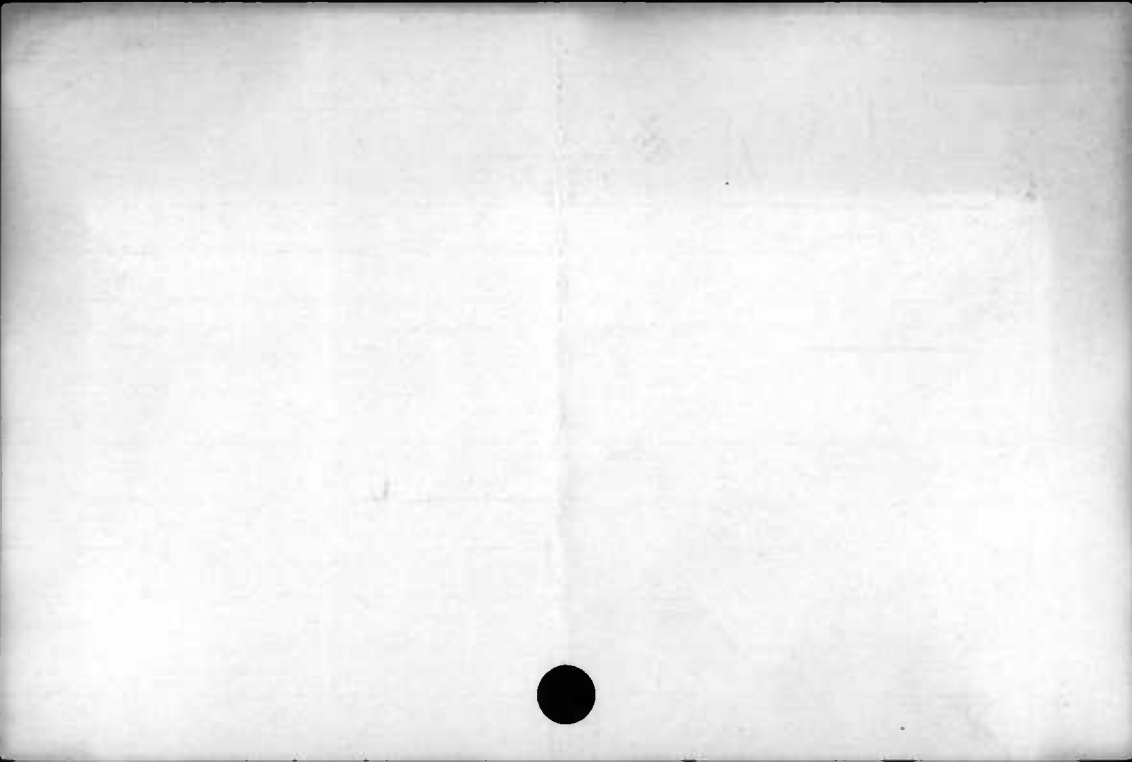
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Slacks Corner</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>12</i>	Age <i>—</i>	Months <i>1 1/2</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Carroll Co</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i> ¹⁵¹					
Father's Name <i>Phyllis J. Hammond</i>			Father's Birthplace <i>Ind. Co.</i>		
Mother's Maiden Name <i>Ruth Anna Smith</i>			Mother's Birthplace <i>Hammond Co.</i>		
Name of person giving information <i>Ruth Anna Smith</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>Smoke Brick</i>
Immediate <i>Collapse Syncope</i>	How long <i>2 day ship</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Daniel B. Sprecher</i>
	Address <i>Sykesville, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Name in Full *William Hawk*
 Town *Lanneytown* County *Conroe* MARYLAND

Died at *Lanneytown* Month *July* Day *10th* Y. *66* M. *7* D. *14* Native of *Conroe* Occupation *Carpenter*
 Date *1902*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Number of children living *3*

Husband of *Mary Hawk*
 Wife
 Father's Name
 Mother's Name *79*

Cause of Death { Primary *Organic Heart Disease* Immediate *2 Mos.*
 How long sick *2 Mos.*
 Accident, Suicide, Homicide

Reported by *C. W. W. Gooch*
 Address *Lanneytown Md.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65938



Name in Full

Certificate of Death

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

2

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Charles Johnson

Died at ^{Town} Hyattsville ^{County} Carroll

MARYLAND

Date 902 ^{Month} 7 ^{Day} 23 ^{Y.} 78 ^{M.} — ^{D.} — ^{Native of} Md ^{Occupation} Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living 2

~~Female~~ ~~Colored~~ ~~Single~~

Band of Laura Johnson 56

Father's Name — Mother's Name —

Cause of Primary Alcohol How long sick Sudden

Death Immediate Alcohol Apoplexy Accident, Suicide, Homicide

Reported by Sister Don Johnson Norris

Address Hyattsville Md Jas R Weer

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Helen Louise Johnson

Town

County

Died at near Sykesville Carroll

MARYLAND

Date 1902 July 9 Age 5 md
 Male White Married Widowed Divorced
 Female Colored Single Widowed Number of children living

Husband of
 Wife

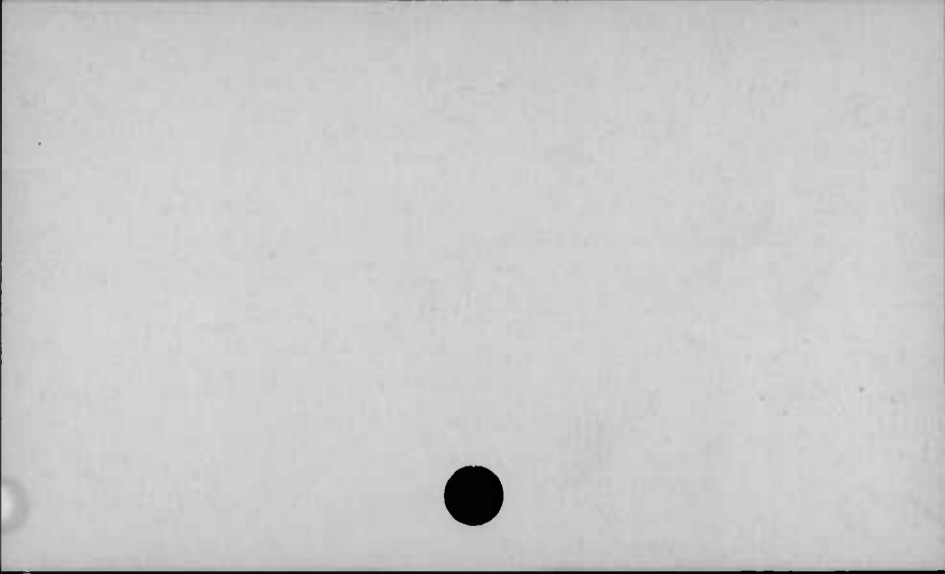
Father's Name Jas. Walter Johnson Mother's Name Irabella Johnson

Cause of Death { Primary Enteric Colitis
 Immediate Exhaustion
 How long sick 8 days
 Accident, Suicide, Homicide

Reported by W. Frank Lucas, M.D.
 Address Sykesville md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full ⁴⁴ Mary Kalbach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town " Patapsico County Carrolle MARYLAND

Died at Date of death 1902 Month July Day 24 Age 89 Years Months Days

Sex Female Color or Race white Birth-place Patapsico

Married, Single or Widowed Widon Occupation Housekeeper

Name of Wife or Husband Edward Kalbach

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information John Kalbach How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dropsey 177 How long

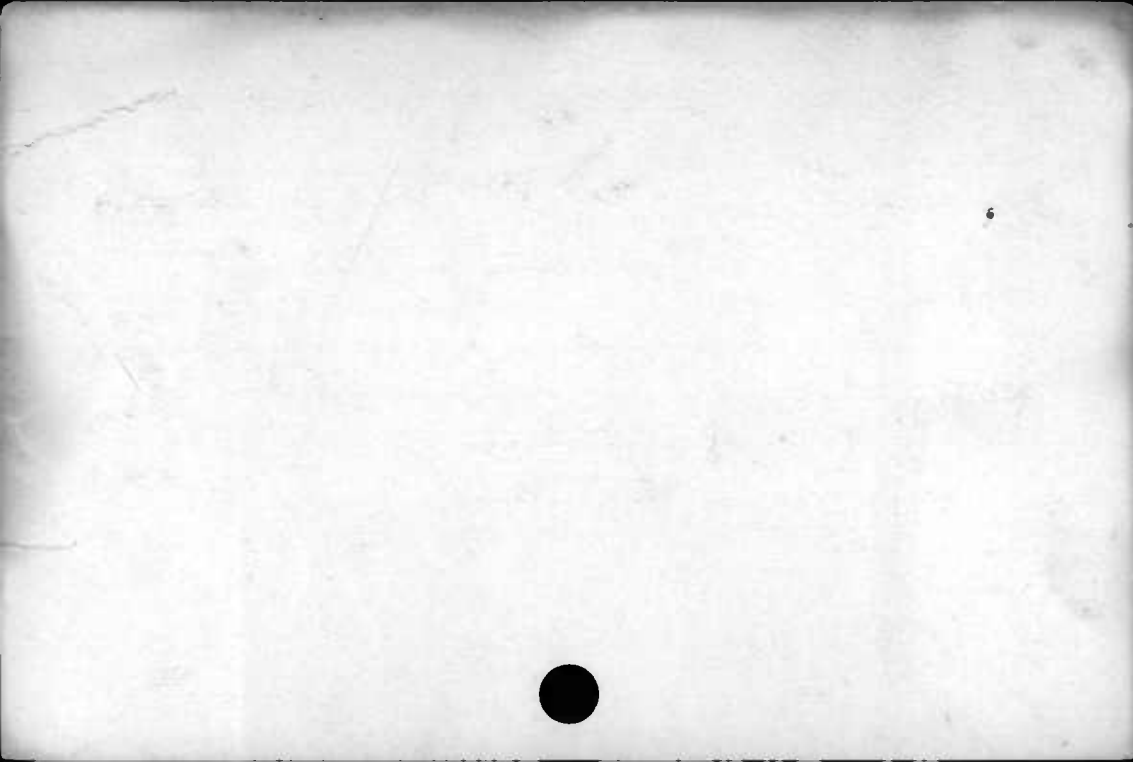
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Dr Thom Coonan

Address Westminster

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

25/3 John T. Lane

Town Westminister County Carroll MARYLAND

Died at Westminister

Date of death 1902 July 30 Age 28 Years 4 Months 14 Days

Sex Male Color or Race white Birth-place near Westminister

Single or Widowed Occupation Driver

Name of Wife or Husband None

Father's Name Thimothy Lane 56 Father's Birthplace Ireland

Mother's Maiden Name Hurley Mother's Birthplace

Name of person giving information Charles Giegling How related to deceased Son in Law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Delirium Tremens, Acute Mania How long 3 days

Immediate Shock Following Fracture of Knee Joint How long 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Wm. D. Wells M.D.

Address Washburne

Accident or Suicide?

1



Jacob Lemmerman
 Town County

Died at *Springfield State Hospital* *Carroll County* MARYLAND

Date *1902* Month *7* Day *2* Y. *44* M. *6* D. Native of *Mo.* Occupation *Blacksmith*
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐
~~Female~~ ~~Colored~~ Single ☐ Widower ☐ Number of children living *—*

Husband of *—*
 Wife

Father's Name *John D Lemmerman* Mother's Name *—*

Cause of Death { Primary *Pulmonary tuberculosis*

How long sick

Death { Immediate *Asthma*

Accident, Suicide, Homicide

Reported by *Chas J. Carey M.D.*

Address *Sykesville* *Carroll Co Mo.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John S. Mills

Town

County

Died at Springfield State Hospital by Kezville Carroll Co - MARYLAND

Date 1902 7 22 Y. M. D. Age 81- Native of ? Occupation ?

Male

White

Married 5

Widow 3

Divorced 2

2

Female

Colored

Single

Widower

Number of children living

Husband of 5
WifeFather's 5
NameMother's 5
NameCause of Death { Primary Remedy 154
Immediate BronchitisHow long sick about
one week~~Accident, Suicide, Homicide~~Reported by John Norfolk Morris M.D.
Address by Kezville Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 79706



Name in full
9/10


Nora E Mobley

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Westminster</i>		<i>Carroll</i>	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>20th</i>	Age <i>2</i>
Sex <i>Female</i>	Color <i>White</i>	Birth-place <i>Brunswick Md</i>	
Married, Single or Widowed <i>Single</i>		Occupation _____	
Name of Wife or Husband _____			
Father's Name <i>Albert E Mobley</i>		Father's Birthplace <i>Westminster Md</i>	
Mother's Maiden Name <i>Lula I Knight</i>		Mother's Birthplace <i>do</i>	
Name of person giving information <i>Albert E Mobley</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

Primary <i>Marasmus</i>	How long <i>3 days</i>
Immediste <i>105</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos J. Coonan M.D.</i>
	Address 
Accident or Suicide?	

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Western Union
Tuesday

Name In Full

244 *Edith Morgan*Died at *Westminster* Town *Carroll* County

MARYLAND

Date 19 *02* Month *July* Day *14* Y. M. D. Age *2* Native of *Ind* Occupation _____

~~Male~~ *White* ~~Married~~ *Widow,* ~~Divorced~~
 Female *Colored* ~~Single~~ *Widower* ~~Number of children living~~

Husband of

Wife

Father's Name *Irvin Morgan* Mother's Name *Lurette Mawcett*

Cause of Death { Primary *Pneumonia* How long sick *151*

Death { Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm Myers

Town

County

Died at

MARYLAND

Parsville

Month

Day

Carroll

Y.

M.

Native of

Occupation

Date 1902

July 28

Age 76

Md.

Labour

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living 5

Husband of

~~Wife~~

Father's

Sarah Jane Myers

Mother's

Name

Wm H. Myers

Maiden Name

Cause of

Primary

Nephritis

How long sick

One year.

Death

Immediate

Uremia

~~Accident, Suicide, Homicide~~

Reported by

J. W. Sacy

Address

Lisbon - Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full ²⁵¹

Barbara Nickum

CERTIFICATE OF DEATH

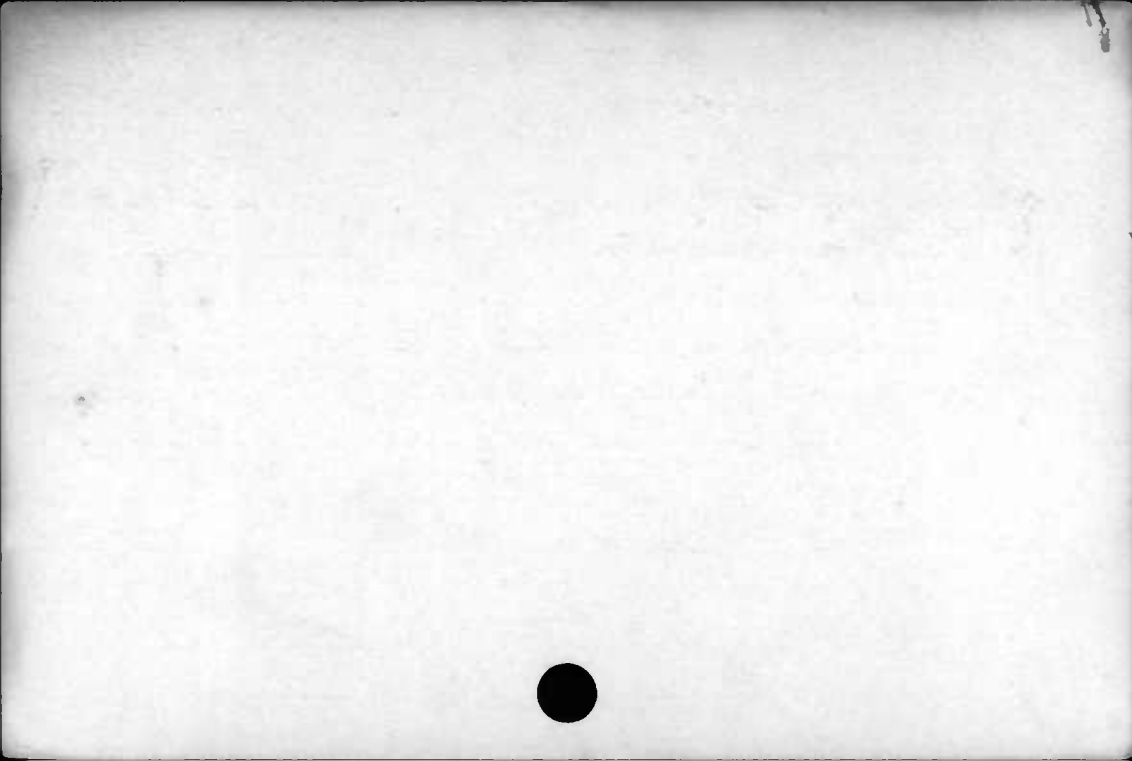
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death 190 <u>2</u> <u>July</u> Month	<u>27</u> Day	Age <u>45</u> Years	Months		Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Westminster</u>		Occupation	
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Joshua Nickum</u>			
Father's Name <u>Lewis Sheehan</u>		Father's Birthplace <u></u>			
Mother's Maiden Name <u>Abbie Saunders</u>		Mother's Birthplace <u></u>			
Name of person giving information <u>Joshua Nickum</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Middle Reg. irregularities & ex. aneurism. & dependent</u>	How long <u>about 4 hrs</u>
Immediate <u>ex. aneurism. & dependent</u>	How long <u>" 4 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. D. Wells</u>
Accident or Suicide? <u>8</u>	Address <u>Westminster Maryland</u>



Name
in Full

249

Francis Leo

Nusebaum

CERTIFICATE OF DEATH

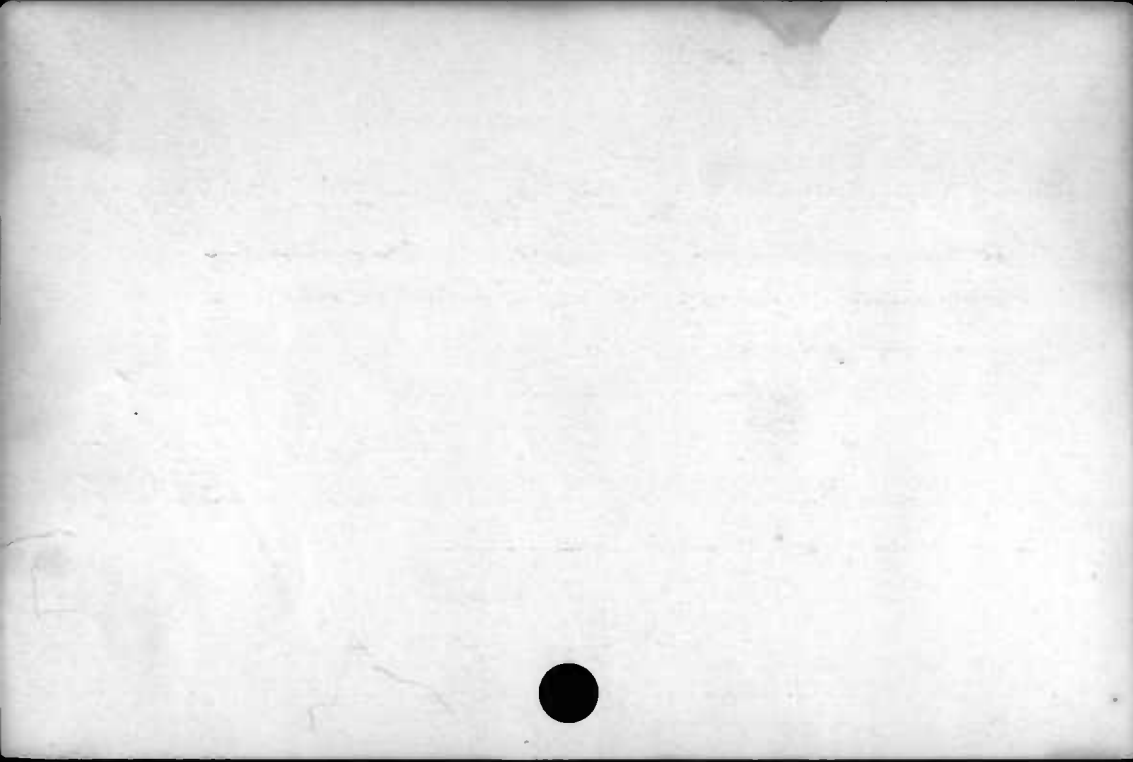
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Belton		County Carroll		MARYLAND	
Date of death 1902		Month July		Day 25		Age 3	
Sex Male		Color or Race White		Birth- place			
Married, Single or Widowed		Single		Occupation			
Name of Wife or Husband							
Father's Name		Frank Nusebaum				Father's Birthplace	
Mother's Maiden Name		Ida Gilbert				Mother's Birthplace	
Name of person giving In formation		Frank Nusebaum				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Longest Liver		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			
Accident or Suicide?					



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7

12

Age

2

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
Wife

Father's

Mother's

Name

Maiden Name

Elmer Beaver

Ida Beaver

Cause of

Primary

Scarlet-Feaver

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. O. Fuss

Undertaker

Address

Taneytown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Bella Viola Shaffer

Town

County

Died at Alesia

Carroll

MARYLAND

Date 1902
 189-
 Month July
 Day 23
 Y. 1
 M. 11
 D. 8
 Age
 Native of Maryland
 Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

 Husband
 of
 Wife

 Father's
 Name Jacob A Shaffer

 105
 Mother's
 Name Amelia E Sterner

Cause of Primary Cholera Infantum

How long sick

Death Immediate Convulsions

Accident, Suicide, Homicide

 Reported by J H Sherman M.D. Manchester
 Address Carroll Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78705



Name In Full

Certificate of Death

No 62

Margaret Shuegh
Town County

Died at Union Bridge Carroll

MARYLAND

Date 19 02	Month 7	Day 28	Y. 84	M. 2	D. 18	Native of Md	Occupation Housewife
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living 4	

~~Husband~~ of John A. Shuegh
Wife

Father's Name Thomas Franklin Mother's Name Margaret Mackey
Maiden Name

Cause of Death	Primary	Bronchial Trouble	How long sick 4 weeks
	Immediate	General Debility	Accident, Suicide, Homicide

Reported by Frank J. Shuegh
Address Union Bridge 154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

\$112

CERTIFICATE OF DEATH

MARYLAND

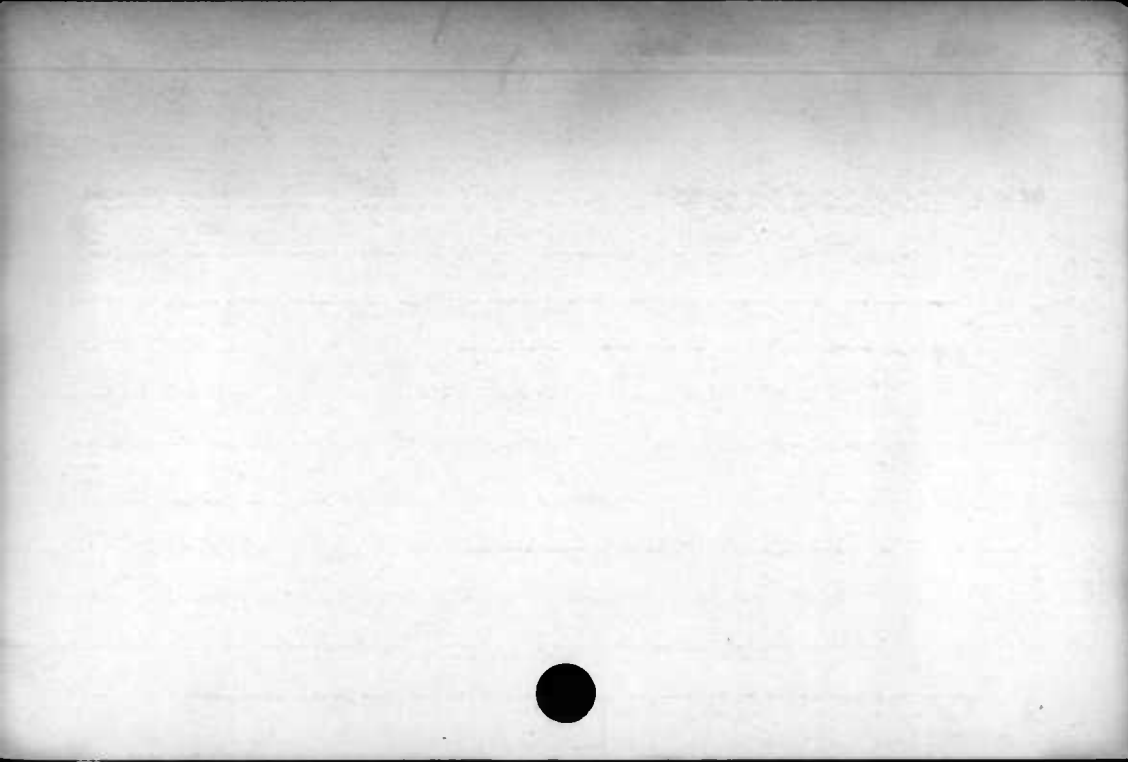
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Ray Smith</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MAYLAND									
Died at <i>Westminster</i>		Date of death 190 <i>2</i>		Month <i>July</i>		Day <i>19th</i>		Age <i>16</i>		Years <i>16</i>		Months <i>8</i>		Days <i>25</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Westminster, Md.</i>		Occupation									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband													
Father's Name <i>James E. Smith</i>		Father's Birthplace <i>Maryland</i>		Mother's Maiden Name <i>Martha A. Beagh</i>										Mother's Birthplace <i>Virginia</i>	
Name of person giving information <i>Claude Liden Smith</i>		How related to deceased <i>Brother</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Shock</i>		How long <i>16</i>		How long <i>6 hours</i>	
Immediate <i>Exhaustion - Felling accident</i>					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. D. Wells M.D.</i>			
		Address <i>Westminster, Md.</i>			
Accident or Suicide?					



Mrs Eva Smith

Town

County

Died at

Springfield State Hospital, Sykesville, MARYLAND

Date 1962

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1962

7

30

Age 62

Germany

Housewife

Male

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living 2.

Husband of

Wife

Father's

Name

Geo. W. Smith

Mother's

Maiden Name

68

Cause of

Primary

Senile Dementia

Death

Immediate

Exhaustion

How long sick

2 months

Accident, Suicide, Homicide

Reported by

Address

J. M. Thornton, M.D.

Sykesville, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph Trule

Town

County

MARYLAND

Died at

New Windsor Carroll

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7 31

Age 19

Md

Labour

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Peter Trule

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Suffocated in a well

How long sick

Accident, ~~Suicide~~, Homicide

Reported by

C P Baier New Windsor Md.

Address

Lavin Brothers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Samuel Trite

Town

County

MARYLAND

Died at

New Windsor Carroll

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7

31

Age 19

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Peter Trite

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Suffocated in a Well

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

L P Bice - New Windsor, Md

Address

Irvin Brothers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

No 61

Henry Uby

Town

County

MARYLAND

Died at Near New Windsor

Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7 . 1 .

Age

66. 10. 2

Eng

Carpenter

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Who

Father's

Name

Mother's

Maiden Name

Cause of

Primary

General Debility

Death

Immediate

Slight Paralysis

How long sick

2 years

~~Accident, Suicide, Homicide~~

Reported by

Frank J. Shivers

Address

Union

Oriskany

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858

Name
in
Full

William P. Bepp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Henrytown</i>		Town <i>Henrytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>July</i>	Day <i>10</i>	Age <i>55</i>	Years <i>55</i>	Months <i>—</i>	Days <i>5</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>α</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Telegraph Line man, & Farmer</i>						
Name of Wife or Husband <i>Lucilla E. Bepp. - ne Arrington</i>							
Father's Name <i>Frestley Bepp.</i>	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information <i>George N. Arrington</i>	How related to deceased <i>Brother in Law</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis (Bright's)</i>	How long <i>One month</i>
Immediate <i>Uraemic Coma</i>	How long <i>about 18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Daniel B. Sprecher</i>
	Address <i>Sykesville, Md.</i>
Accident or Suicide?	

